

SCREENING TEST FOR

OBSESSIVE- COMPULSIVE DISORDER

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DEVELO

This two-part questionnaire is a screening device, created by Wayne K. Goodman, MD, of the University of Florida College of Medicine, as a guide for diagnosing patients with obsessive-compulsive disorder (OCD).

Having a patient fill out the questionnaire can serve as an important communication and diagnostic aid, since OCD sufferers are often hesitant to disclose their symptoms. In addition, about two thirds of OCD patients experience comorbid depression, the symptoms of which could mask OCD.¹

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Instructions:

- Have the patient fill out Part A of the questionnaire
- A patient answering "YES" to two or more questions should continue with Part B on the reverse side
- Part B assesses the extent to which the patient's symptoms interfere with daily functioning. *It is recommended that the physician tally the score*
- A score ≥ 8 suggests that clinically significant OCD symptoms may be present. A high score alone cannot determine whether the patient has OCD, but indicates that a more detailed evaluation should be performed

Considerations for a differential diagnosis:

- OCD is characterized by recurrent and disturbing thoughts, ideas or images (obsessions) and/or repetitive, relatively stereotyped behaviors that the patient feels driven to perform (compulsions). The majority of patients have both cardinal symptoms
- A hallmark of OCD is that the patient retains insight into the senselessness or excessiveness of the thoughts or behaviors. In addition, the patient recognizes that the obsessions are a product of his or her own mind and that the symptoms will appear irrational to others
- In OCD, the symptoms cause marked distress, are time-consuming (take more than 1 hour a day) or significantly interfere with the patient's functioning
- Individuals may have "compulsions" (e.g., eating or gambling) that they perform in excess and find irresistible, but not have OCD. "Compulsive" urges differ from true compulsions in that they involve pleasurable activities. The compulsions of OCD are never inherently pleasurable—they are not an end in themselves, but a means to an end (usually reduction of anxiety)
- Similarly, "obsessions"—in the sense of having pleasurable preoccupations of thought—differ from the obsessions of OCD in that the OCD patient experiences the obsessions as intrusive and disturbing, not pleasurable

Reference: 1. Rasmussen SA, Eisen JL. The epidemiology and differential diagnosis of obsessive compulsive disorder. *J Clin Psychiatry*. 1992;53 (suppl):4-10.